

South Dakota

[Title II](#) | [ADAP](#) | [AETC](#)

State CARE Act Program Profile

CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$112,536	\$138,843	\$161,507	\$412,886
ADAP	(\$12,536)	(\$38,843)	(\$61,507)	(\$112,886)
Title III	\$0	\$0	\$0	\$0
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$41,807	\$31,146	\$41,807	\$114,760
Dental	\$0	\$0	\$0	\$0
Total	\$154,343	\$169,989	\$203,314	\$527,646

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

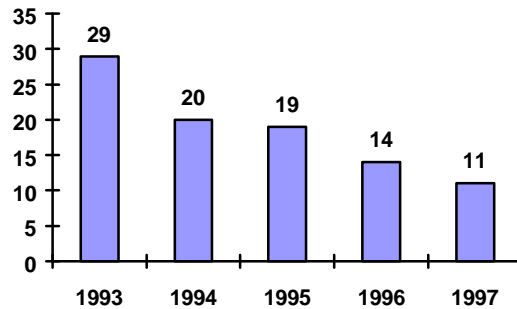
	1996	1997	1998
Title I	0	0	0
Title III	0	0	0
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	2	2	2
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: South Dakota (Pop. 737,973)

- ▶ Persons reported to be living with AIDS through 1997: 47
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 163
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated January 1988)
- ▶ State AIDS Cases (cumulative) since 1993: 93 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	91%	78%
Women (13 years and up):	9%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	100%	33%
African American:	0%	45%
Hispanic:	0%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	64%	35%
Injecting drug user (IDU):	0%	24%
Men who have sex with men and inject drugs (MSM/IDU):	0%	4%
Heterosexual contact:	18%	13%
Other, unknown or not reported:	18%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	211.0	194.5
Gonorrhea (1996)	24.1	124.0
Syphilis (1996)	0	4.3
TB (1997)	2.6	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** lab tests; no coverage of new therapies on ADAP formulary; health insurance; case management; dental, food, housing, employment, legal and mental health services; rural support groups; disability benefits; Medicaid; and transportation

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	133% FPL

*Income eligibility for State's ADAP program is 300% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: South Dakota

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$112,536	\$138,843	\$161,507	\$412,886
ADAP (included in Title II grant)	(\$12,536)	(\$38,843)	(\$61,507)	(\$112,886)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$90,978/56%
Home and Community Care	(\$5,203)
Health Insurance Continuation	(\$6,117)
ADAP/Treatments	(\$79,658)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$0/0%
Health Care*	(\$0)
ADAP/Treatment	(\$0)
Case Management	(\$0)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$12,558/8%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Accomplishments

Clients Served (duplicated count), FY 1996:	10
Men:	100%
Women:	0%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	100%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Men who have sex with men (MSM):	57%
Injecting drug user (IDU):	0%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Heterosexual contact:	29%
Other, unknown or not reported:	14%

► Improved Patient Access

- The number of drugs on the ADAP formulary has increased from 33 in 1996 to 40 in 1998.
- The State's prison system and the Title II program closely coordinate to ensure that HIV-infected persons have access to care and treatment on their release from prison.

► Cost Savings

- During 1998, South Dakota developed the infrastructure needed to support a Section 602/Office of Drug Pricing's discount drug program.

► **Other Accomplishments**

- Close coordination between CARE Act, TB, and STD programs is achieved by administering these programs under one Health Department Office, the use of joint planning and advisory committees, and coordination of key activities. All individuals receiving HIV/AIDS counseling and testing services are also tested for TB; and TB and STD clients receive HIV counseling and testing services.
- The Advisory Council discusses all changes to the program, including the formulary, eligibility criteria, and administrative procedures. The members are chosen to provide a cross section of the people involved in HIV treatment from health care professionals, clients, support groups, social workers, representatives of State agencies, and advocates.

AIDS Drug Assistance Program (ADAP): South Dakota

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$82,536	\$105,343	\$127,782	\$315,661
State Funds	\$0	\$0	\$0	\$0
Total	\$82,536	\$105,343	\$127,782	\$315,661

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 40 drugs, protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: Advisory Council members, including PLWH, discuss all changes to the program's formulary, eligibility criteria, and administrative procedures.
- ▶ Enrollment cap: 44
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	44
Number using ADAP each month:	32
Percent of clients on protease inhibitors:	%
Percent of active clients below 200% FPL:	85%

Client Profile, FY 1996

Men:	75%
Women:	25%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	100%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

AIDS Education and Training Centers: South Dakota

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mountain Plains Regional AETC
- ▶ States Served: Colorado, Kansas, Nebraska, New Mexico, North Dakota, South Dakota, Utah and Wyoming
- ▶ Primary Grantee: University of Colorado, Denver, CO
- ▶ Subcontractors in State: Lewis and Clark Health Education Agency - Yankton
Univ. of SD, School of Medicine - Sioux Falls

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$41,807	\$31,146	\$41,807	\$114,760

Training Highlights from FY 1997

- The AETC conducted the following training: HIV Prevention, Early Intervention and Health Promotion for Rural Health Care Providers; Prevention of Perinatal Transmission of HIV; HIV/AIDS: Providing Care in the Age of HAART; Antiretroviral Resistance: Implications for Long Term Strategies; Managing Occupational Exposure to HIV in the Healthcare Setting; Pain Management in HIV Disease; and HIV in Prison Populations.
- The Colorado performance site co-sponsors the annual, two-day Rocky Mountain Regional Conference on HIV Disease and a one-day Prevention Institute (held in conjunction with the regional conference). The conference reaches between 500-700 providers and consumers.
- The AETC offers three medically focused and one dental-focused three-day clinical training programs in Denver. The programs attract providers from the entire eight-state region.
- Over 2,000 copies of an on-line and printed self-instruction module, "HIV Prevention, Early Intervention and Health Promotion: A Self-Study Module for Rural Health Care Providers" have been distributed. The AETC reports that providers have been completing the on-line module. CEUs and CMEs are offered.

- The AETC produced “HIV: A Sourcebook for the Primary Care Provider.” The sourcebook has a core section and then is individualized to include resource information for each of the eight states served by the AETC.
- “AIDS Newslink,” the Mountain Plains AETC newsletter, is sent to over 10,000 providers in the region three times a year. Past issues have addressed women’s issues and adherence.